

THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 09/670,242 Confirmation No.: 4706
Applicant : Ishikawa, Mark M., et al.
Filing Date : September 26, 2000
Title : **METHOD, APPARATUS, AND SYSTEM FOR MANAGING,
REVIEWING, COMPARING AND DETECTING DATA ON A WIDE
AREA NETWORK**
Group Art Unit : 2432
Examiner : Benjamin E. Lanier
Docket No. : 4005

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

Transmitted herewith is an amendment in the above-identified application in connection with the Office Action dated February 17, 2010.

Applicant hereby petitions for an extension of time under 37 CFR § 1.136 (a) [fees: 37 CFR § 1.17(a)(1)-(5)] for the total number of months checked below:

EXTENSION (months)	FEE FOR SMALL ENTITY	FEE FOR OTHER THAN SMALL ENTITY
<input type="checkbox"/> one month	\$60.00	\$120.00
<input type="checkbox"/> two months	\$230.00	\$460.00
<input checked="" type="checkbox"/> three months	\$555.00	\$1,050.00
<input type="checkbox"/> four months	\$820.00	\$1,640.00
<input type="checkbox"/> five months	\$1,115.00	\$2,230.00
Fee		\$555.00

☒ If an additional extension of time is required, please consider this a petition therefore.

CERTIFICATE OF MAILING
37 CFR §1.8

I hereby certify, pursuant to 37 CFR §1.8, that I have reasonable basis to expect that this paper or fee (along with any referred to as being attached or enclosed) would be mailed or transmitted on or before the date indicated with the United States Postal Service with sufficient postage as first class mail on the date shown below in an envelope addressed to the Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

Dated: August 17, 2010

Osama Hussain

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Fee Calculation: TOTAL AMOUNT OF PAYMENT: \$ 555.00

- A. ☐ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to Deposit Account No. _____
☐ Charge any additional fee required under 37 CFR 1.16 and 1.17 to Deposit Account No. _____
B. ☒ Payment Enclosed (Check Number 10124)
☒ Check ☐ Credit Card ☐ Money Order ☐ Other

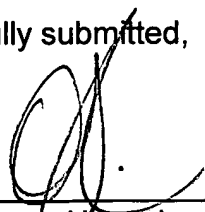
Total Claims	24	-	24	=	0	x	\$50.00
Independent Claims	2	-	2	=	0	x	\$210.00
Application Size Fee <small>(\$250 for each additional 50 sheets or fraction thereof)</small>		-	100	=	0	x	260.00
Multiple Dependent Claims	\$370		(if applicable)		<input type="checkbox"/>		
Surcharge 37 CFR § 1.16(e)	\$130		(if applicable)		<input type="checkbox"/>		
TOTAL OF ABOVE CALCULATIONS							
Reduction by ½ for Filing by Small Entity. Note 37 CFR §§ 1.9, 1.27, 1.28.							\$0.00
<input type="checkbox"/>							
Extension of Time (from above)							\$555.00
Assignment -- \$40 (if applicable)					<input type="checkbox"/>		\$0.00
TOTAL FEES SUBMITTED HERewith							555.00

Also included:

1. Return Post Card

Respectfully submitted,

Dated: August 17, 2010

By: 
Osama Hussain
Reg. No. 54,591

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